

FORM ORG (Rev. 5/2013)

STATE OF HAWAII STATE ETHICS COMMISSION



HAWAII STATE ETHICS COMMISSION ORGANIZATION'S EXPENDITURES AND CONTRIBUTIONS REPORT

RE	PORT YEAR: <u>20</u>	14	Amended Statem	ent				
For Lobbying Reporting Period: January 1 - last day of February March 1 - April 30 May 1 - December 31								
OR	GANIZATION INFO	ORMATION						
На	waiian Telcom	n, Inc.	JoAnn Yosemori Contact Person					
Org	anization Name							
P.(O.Box 2200							
Mai	ling Address (Numb	per and Street or P.O. B	ox)					
Но	nolulu			HI		96822		
City	•			State		Zip Code		
(808) 546-3868			joann.yosemori@hawaiiantel.com					
Tele	ephone	Extension	Email Address	5				
PAI	RT I. TOTAL EXPE	NDITURES	 -					
						Total Amount		
1	Preparation & Di	stribution of Lobbying	Materials		1	0.00		
2	Media Advertisin	g			2	0.00		
3	Postage			. <u>. </u>	3	0.00		
4	Compensation P	aid to Lobbyists (Attacobyists and compensation	ched Additional Sheet	ts As Needed)				
	Lobbyist Name	obbyisis and compensation	paid to lobbyists during th	e statement pendu Compensation I	Paid			
	A. John Komeij	i		_ A	0.00			
	B. Steven Gold	lon		_	0.00			
	c. Kenneth T. I				7.45.00			
	D. JoAnn Yose							
	E							
		ional Attached Sheet(s).						
		gh G				980.00		
5	Fees Paid to Cor	sultants (other than t	o Lobbyists)		5	0.00		
6	Entertainment &	Events			6	0.00		
7	Receptions, Mea	ls, Food & Beverages	S		7	225.00		
8 Gifts				8	0.00			
9	Loans				9	0.00		
10	Other Disbursem	ents			10	0.00		
	Add lines 1 thro	ugh 10		Total F	xpenditures ►	1,205.00		
			· · · · · · · · · · · · · · · · · · ·					

EXPENDITURES OF \$25 OR MORE PER PERSON PER DAY

Name and address of each person with respect to whom expenditures for the purpose of lobbying in the total sum of \$25 or more in any single calendar day was made and amount or value of expenditures

Name & Address			Amount or Value
- Wa			
Check here if addition	nal sheets are attached		
	JRES OF \$150 OR MORE I with respect to whom expenditures r value of expenditures.	PER PERSON for the purpose of lobbying in the aggre	gale of \$150 or more was made during
Name & Address			Amount or Value
ma			
Check here if addition	nal sheets are attached		
and the amount or value of such co	making contributions to the filer for	purposes of lobbying in the total sum of	\$25 or more during the statement perio
Name & Address			Amount or Value
Check here if addition	nal sheets are attached		
PART III. SUBJECT AREA		orted or opposed during the statement p	
Agriculture	Education		
Agriculture		Human Services	Science, Technology & Economic Development
Communications & Public Utilities	Government Operation & Finance	Intergovernmental Relations, International Affairs	Tourism & Recreation
Consumer Protection &	Hawaiian Affairs	Labor & Employment	Transportation
Culture, Arts, Historic Preservation	Health	Planning, Land & Water Use Management	Other (indicate below):
Ecology, Energy Environmental Protection	Housing	Public Safety & Corrections	
AUTHORIZED PERSON			
JoAnn Yosemori	203-i	SrMgr-Governmen	t & Can. 5/29/2014
Print Name of Authorized Pe	erson (First M.I. Last)	Title	t & Cgn. 5/29/2014 A(Gair) Date (m/d/yyyy)
above and the information of	ontained in the form is true, corre	rm that you are the person whose nar ct and complete to the best of your kr or failing to report the information req	ne appears as the "Authorized Personowledge and belief. You further